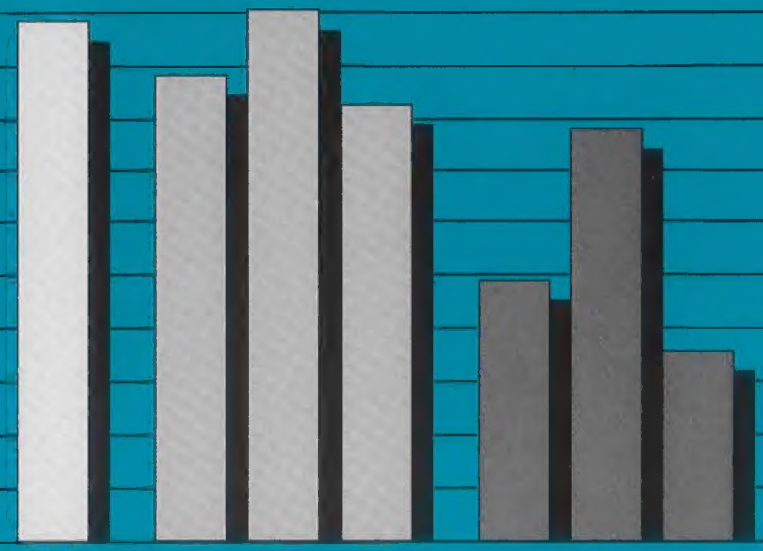
DHS

Egypt



Demographic and Health Survey 1992

SUMMARY REPORT

EGYPT DEMOGRAPHIC AND HEALTH SURVEY 1992

SUMMARY REPORT

National Population Council
P.O. Box 1036
Cairo, Egypt

November 1993

This report summarizes the findings of the 1992 Egypt Demographic and Health Survey (EDHS) conducted by the National Population Council. Macro International Inc. provided technical assistance. Funding was provided by the U.S. Agency for International Development (USAID).

The EDHS is part of the worldwide Demographic and Health Surveys (DHS) program, which is designed to collect data on fertility, family planning, and maternal and child health. Additional information about the Egypt survey may be obtained from the National Population Council, P.O. Box 1036, Cairo, Egypt (Telephone 3638207; Fax 3639818; and Telex 94086 USRAH CAIRO). Additional information about the DHS program may be obtained by writing to: DHS, Macro International Inc., 11785 Beltsville Drive, Calverton, MD 20705 (Telephone 301-572-0200 and Fax 301-572-0999).

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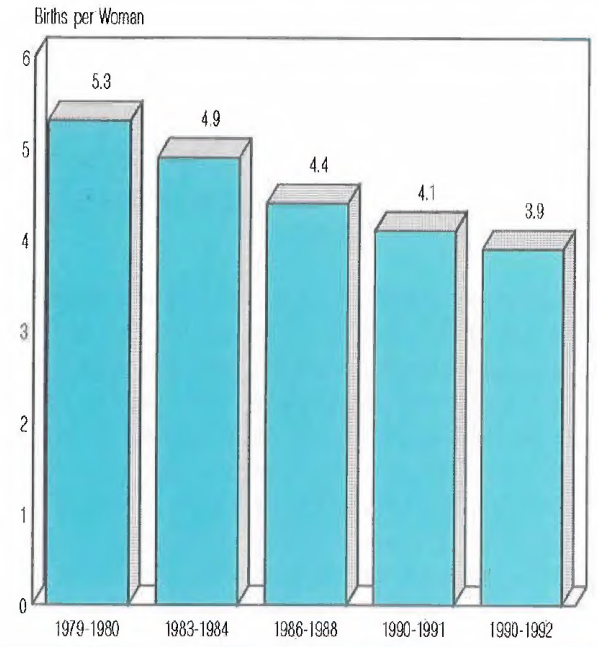
Background

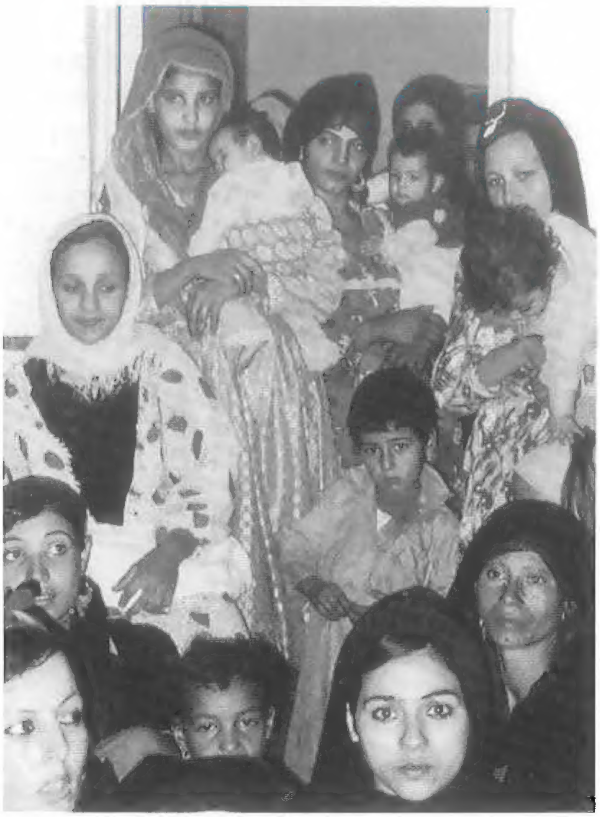
The 1992 Egypt Demographic and Health Survey (EDHS) is a nationally representative survey of 9,864 ever-married women age 15-49. Interviews were also conducted with 2,466 men who were married to women eligible for the EDHS. All areas in Egypt were covered by the survey, except the Frontier Governorates.

The primary objective of the EDHS was to provide information on levels and trends in fertility, family planning use, and infant and child mortality and maternal and child health indicators. In addition, the husbands' survey obtained data on male knowledge and attitudes toward family planning and views concerning the role of their wives in fertility and other household decisionmaking. The EDHS results are intended to assist policymakers and administrators to evaluate existing programs and to design new strategies for improving family planning and health services in Egypt.

The EDHS was implemented under the supervision of the National Population Council (NPC) with financial support from the U.S. Agency for International Development (USAID). Macro International Inc. provided technical assistance for the survey through the international Demographic and Health Surveys (DHS) program.

Figure 1
Total Fertility Rates, Egypt 1979-1992





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Fertility

Levels and Trends

- At current levels, Egyptian women will have an average of 3.9 children during their reproductive years. This rate represents a significant decline from the level reported at the end of the 1970s (5.3 births per woman).
- A rural woman may expect to have an average of 4.9 children, two children more than a woman residing in an urban area. Fertility rates are much higher in rural Upper Egypt (6.0 births per woman) than in rural Lower Egypt (4.1 births per woman).

At current fertility levels, Egyptian women will have an average of 3.9 children during their reproductive years.

- Births to teens and to women age 35 and over have been shown to have higher than average risks of both maternal and child morbidity and mortality. Fertility levels among teenagers and women age 35 and over in Egypt are substantially higher in rural than in urban areas. For example, at current levels, one in eleven rural teens will give birth annually compared to around one in thirty-five urban teens. Rates among women age 35 and over are twice as high in rural as in urban areas.

- Half of Egyptian women are at risk of another pregnancy by six months following a birth unless they have begun to use family planning. This is because postpartum amenorrhea, the period of protection from the risk of pregnancy which is associated with breastfeeding practices, is relatively short (5.6 months).

A rural woman may expect to have an average of 4.9 children, two children more than a woman residing in an urban area.

Marriage

- There has been a steady increase over the past two decades in the age at which Egyptian women first marry. The median age at marriage among women 25-29 is 19.9 years compared to 18.3 years among women 45-49.
- Urban women marry much later than rural women. The median age at marriage among urban women is 20.9 years, three years greater than the median age among rural women. Women in rural Upper Egypt marry earliest followed by women in rural Lower Egypt.

The median age at marriage among urban women is three years greater than the median age among rural women.

Figure 2
Total Fertility Rates by Selected Characteristics

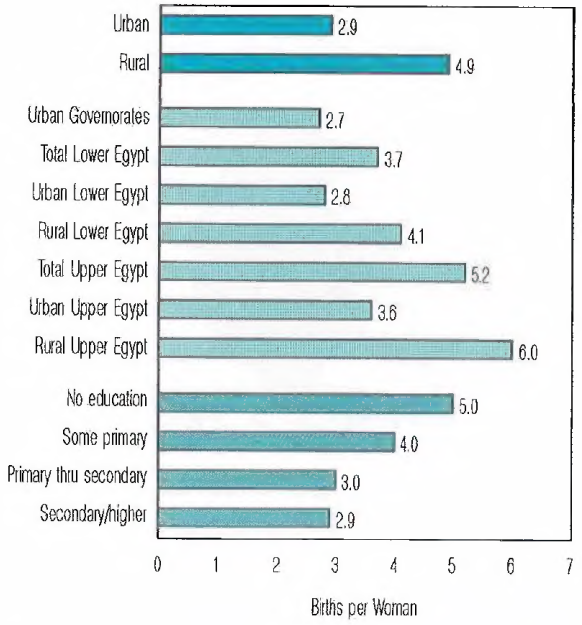


Figure 3
Median Age at First Marriage by Urban-Rural Residence and Place of Residence (Women 25-49)

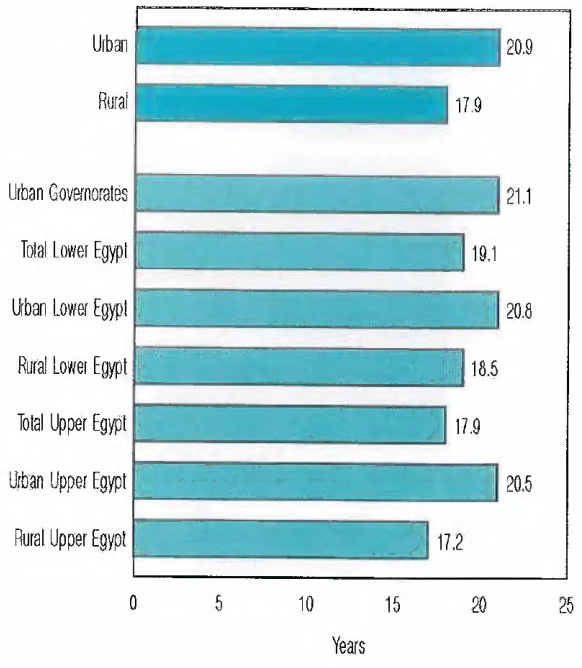


Figure 4
Fertility Preferences
(Currently Married Women 15-49)

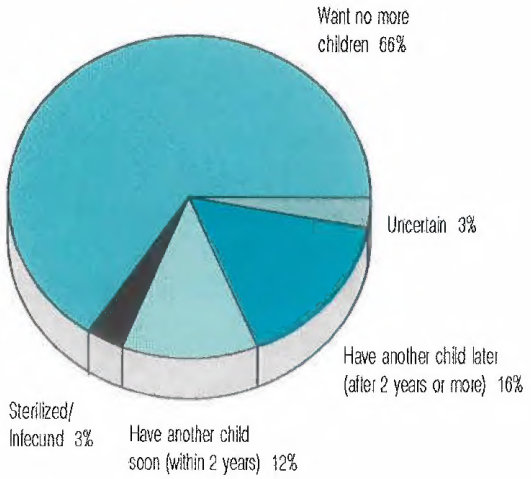
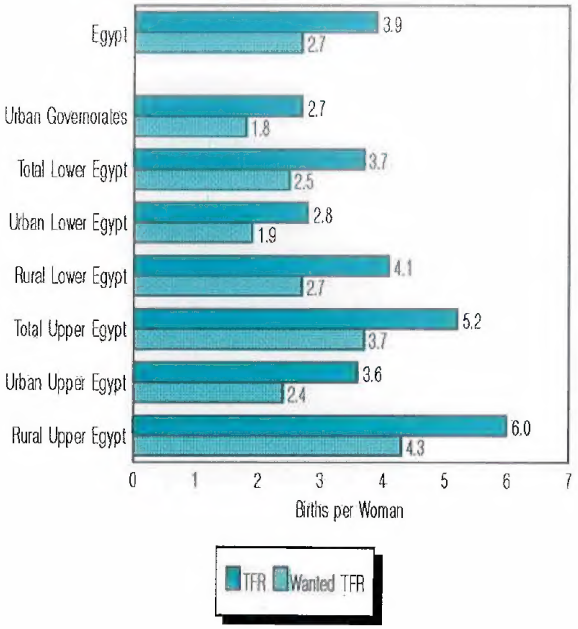


Figure 5
Total Fertility Rates and Wanted Fertility Rates by Place of Residence
(Women 15-49)



Fertility Preferences

- Almost two-thirds of currently married women do not want to have any more children. An additional 16 percent want to delay the next birth for at least two years.
- If all unwanted births were eliminated, an Egyptian woman would have an average of 2.7 births, considerably less than the actual level of 3.9 births per woman.

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- The level of unwanted fertility is substantial in rural Upper Egypt, where fertility levels have traditionally been highest. If unwanted births were avoided, the average woman in rural Upper Egypt would have only 4.3 children over her childbearing years compared to the 6.0 children that she is currently having.
- Men also want to control their family size. Three in five husbands interviewed in the EDHS did not want another child. Half of all husbands also believe that the decision to have another child should be made jointly with the wife. However, 40 percent of husbands feel that they should have the primary role in decisions about childbearing.

Three in five husbands interviewed in the EDHS did not want another child.

Family Planning

Knowledge and Use of Family Planning

- Knowledge of family planning is virtually universal; 99 percent of married women know about the pill and the IUD, and more than half recognize injectables, female sterilization, and the condom. Almost all women who know of a method also can name a place where family planning services or information are available.
- Two-thirds of married women have used a family planning method at some time, and 47 percent are currently using a method. The level of current use (47 percent) is almost double that reported in 1980 (24 percent).

The level of current use of family planning (47 percent) is almost double that reported in 1980 (24 percent).

- Almost all users employ modern methods, principally the IUD (28 percent) and pill (13 percent). The shift in the method mix toward greater reliance on the IUD is among the major trends observed when the EDHS findings are compared with the results of the 1980 Egypt Fertility Survey (EFS). In 1980, two in three current users relied on the pill and only one in six had adopted the IUD. By 1992, almost three in five current users employed the IUD and only around one in four relied on the pill.

Figure 6
Current Use of Family Planning Methods
(Currently Married Women 15-49)

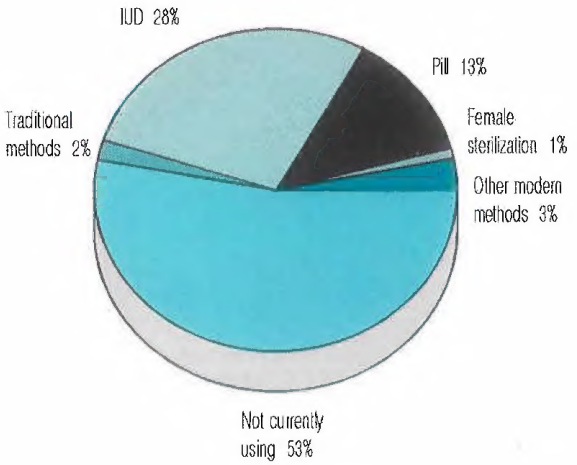

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Figure 7
Current Use of Family Planning Methods by Place of Residence
(Currently Married Women 15-49)

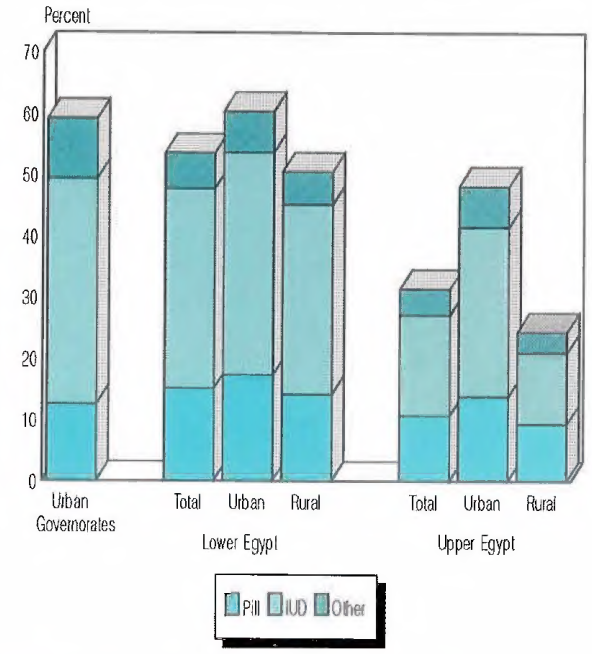
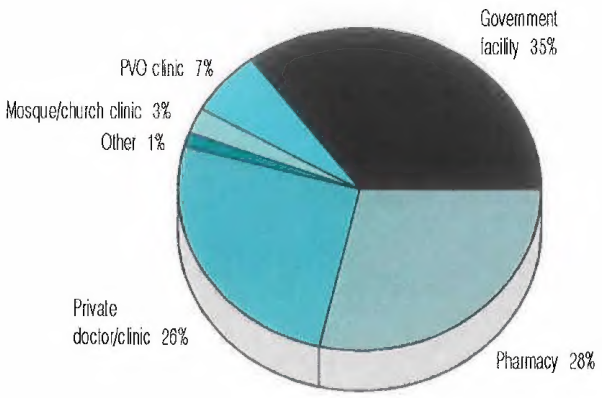


Figure 8
Source of Family Planning Methods
(Married Women Using Modern Methods)



- There are marked differences in the level of use by residence. Urban women are both more likely to be using a family planning method and more likely to employ an IUD than rural women. The highest level of current use of family planning is found in the Urban Governorates (59 percent) and the lowest in Upper Egypt (31 percent).
- The differential in use between rural Lower Egypt and rural Upper Egypt is particularly striking: 51 percent of married women in rural areas in Lower Egypt are using family planning compared to 24 percent in rural Upper Egypt. However, the use rate in rural Upper Egypt more than doubled between 1988 and 1992, indicating that this gap may narrow in the future.

Provision of Family Planning Services

- Both the public and private sectors play an important role in the provision of family planning services. Current users of the pill obtain their supplies primarily from pharmacies, while users of the IUD are about equally divided between those obtaining services from private doctors and government facilities.
- The EDHS results indicate that family planning methods are easily accessible to users. Overall, 58 percent of current users of modern family planning methods live less than 30 minutes from the place where they obtained their method. Physical access to services also does not appear to be a major barrier to the adoption of family planning by nonusers. There is virtually no difference between the travel times to family planning sources reported by users and nonusers, and few nonusers cite reasons relating to physical access when asked why they do not intend to use family planning in the future.

- The cost of family planning services does not appear to be a major barrier to use. Comparatively few users in Egypt receive their method free of charge, and most indicate a willingness to pay more. Although pill users pay comparatively little for supplies (usually 50 piastres or less for a packet), more than three-quarters express a willingness to pay at least 1 Egyptian pound per packet and more than one-fifth are willing to pay 5 pounds or more. IUD users, for whom the median cost of services is almost 8 Egyptian pounds, also indicate a willingness to pay more. Eight in ten IUD users would pay 10 pounds for the method and one in two would be willing to pay 25 pounds.

Comparatively few users in Egypt receive their method free of charge, and most indicate a willingness to pay more.

- Information on the interaction between sources of family planning services and family planning users at the time a method is adopted suggests that sources in both the public and private sectors may need to improve the information that is given to family planning clients. For example, around a third of ever users of the IUD report that they were not told about the possible side effects of the method by the provider from whom they obtained their IUD (during the most recent period of use).

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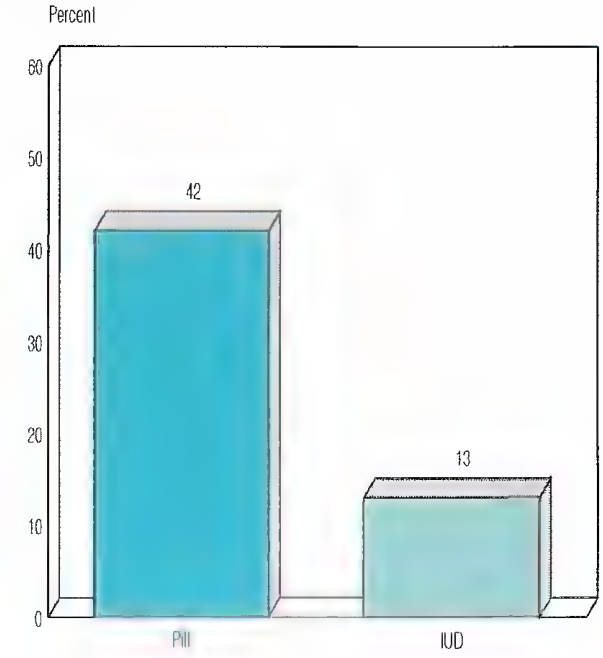
Figure 9
One-year Discontinuation Rates for the Pill and IUD



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Contraceptive Failure and Discontinuation

- A key concern for the Egyptian family planning program is the rate at which users discontinue use of contraception and the reasons for discontinuation. Based on information for the five years preceding the EDHS, almost three in ten users stop using within 12 months of starting a method. Six percent became pregnant unintentionally, 4 percent wanted to become pregnant, 13 percent stopped because they experienced side effects or health problems, and 7 percent stopped for other reasons.

Almost three in ten users stop using within 12 months of starting a method.

- The one-year discontinuation rate for the pill (42 percent) is considerably higher than the rate for the IUD (13 percent). Side effects and health concerns are the major reasons for stopping use of both the pill and IUD. The EDHS results also suggest that many pill users are at increased risk of an unplanned pregnancy because they fail to take the pill correctly.

Attitudes toward Family Planning

- In general, most women (90 percent of non-sterilized married women who know of a method) approve of family planning. Husbands also have positive attitudes about family planning; 84 percent report that they approve of family planning.
- Fewer than one in five ever-married women or husbands interviewed in the EDHS believe that religion forbids the use of family planning.

- Mass media campaigns are important in shaping attitudes about family planning. The majority of women and husbands reported that they first heard about family planning through a television broadcast. Half of ever-married women said that television spots had influenced them to seek more information about family planning.

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Unmet Need for Family Planning

- One in five currently married women in Egypt is in need of family planning. These are women who want no more children, or want to delay the next birth, but are not using family planning.
- Combined with the 47 percent of married women who are currently using family planning, the total demand for family planning comprises almost 70 percent of married women in Egypt.

One in five married women in Egypt is in need of family planning.

Figure 10
Exposure to Family Planning Broadcasts by Place of Residence

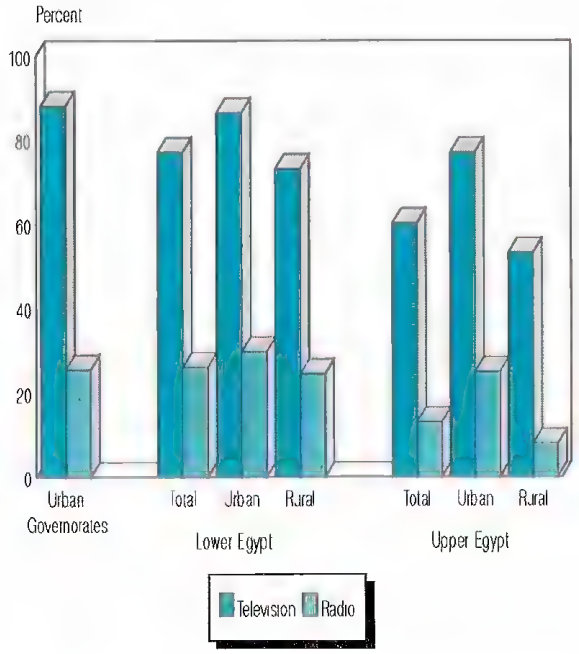

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Figure 11
Trends in Infant and Child Mortality

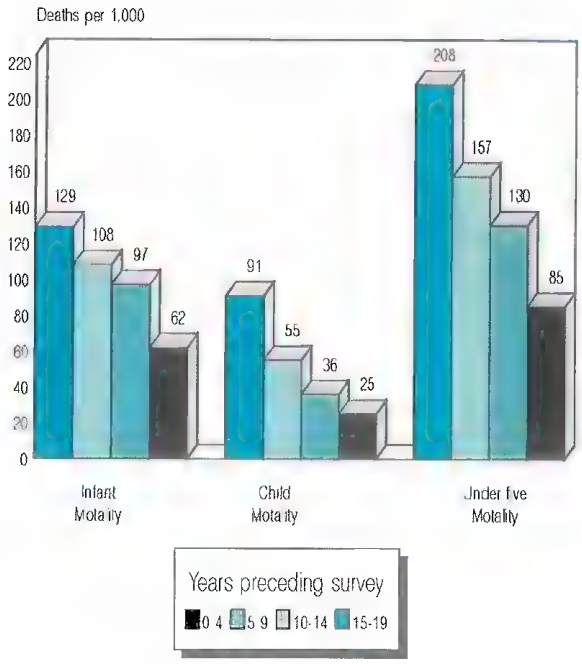
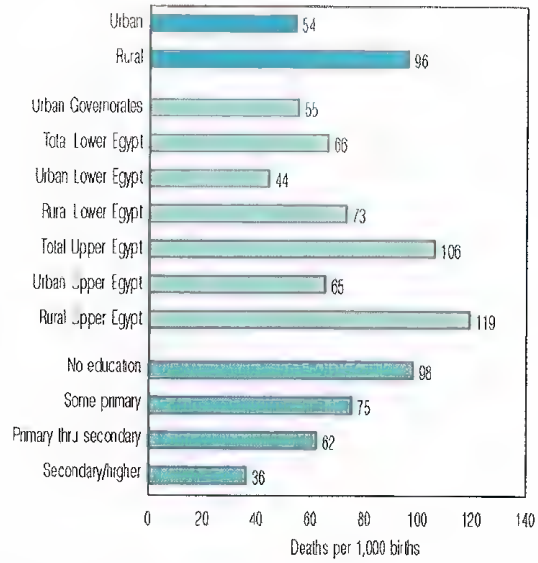


Figure 12
Infant Mortality by Selected Characteristics



Note Rates based on 10 years preceding survey

Maternal and Child Health

Infant and Child Mortality

- Infant and child mortality levels have declined rapidly during the twenty years preceding the EDHS. Estimates suggest that infant mortality decreased by half between 1972 and 1992. Nevertheless, in the five-year period before the survey, 62 of 1,000 children died before reaching their first birthday and 85 of 1,000 died before reaching age five.

Eighty-five of every 1,000 children die before reaching age five.

- Rates of infant and child mortality are higher in rural than urban areas. For example, infant mortality is 54 per thousand in urban areas compared to 96 per thousand in rural areas. Infant mortality also is significantly higher in rural Upper Egypt than in rural Lower Egypt.
- A child born less than 24 months after a younger sibling is three times more likely to die before his fifth birthday than a child born after an interval of four or more years. Risks are also greater for children whose birth order is greater than 7 and those born to mothers under age 20.

Antenatal Care and Assistance at Delivery

- Many Egyptian women do not receive medical care during pregnancy. In the five years preceding the survey, mothers received antenatal care for only 53 percent of births. The median number of antenatal care visits is 3.5.
- Mothers reported receiving at least one tetanus toxoid injection for 57 percent of the births during the five years preceding the survey. This was five times the coverage level reported for tetanus toxoid in the 1988 EDHS.
- Almost three-quarters of deliveries take place at home. The majority of births are assisted by dayas (traditional birth attendants) or relatives or friends; only two in five births are assisted by a trained professional.

Around half of mothers do not receive any antenatal care during pregnancy, and only two in five births are assisted by a trained professional.

Figure 13
Maternity Care Indicators
(Births in the Last Five Years)

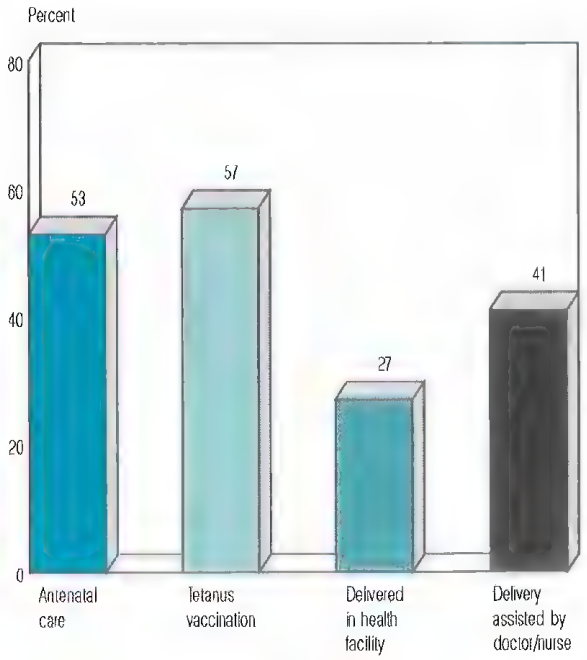


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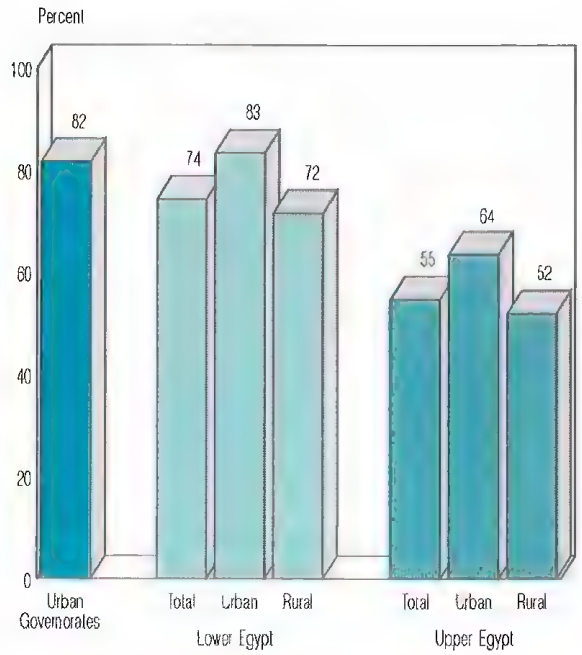
Figure 14
Vaccination Coverage By Place of Residence (Children 12-23 Months)

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Immunization

- The EDHS found that 67 percent of children 12-23 months were fully immunized, and only 4 percent had not received any vaccination. More than half (57 percent) of children had received all recommended vaccinations during the first year of life.
- Urban children are more likely to be fully vaccinated than rural children (77 percent and 62 percent, respectively). Coverage levels are highest in the Urban Governorates (82 percent) and lowest in rural Upper Egypt (52 percent).

Two-thirds of children 12-23 months are fully immunized.

Treatment of Childhood Diseases

- During the two weeks before the survey, 8 percent of children under age five had symptoms of acute respiratory infection (ARI)—cough with short, rapid breathing. Advice was sought from a health facility in the case of three-fifths of the children with ARI symptoms.

- Thirteen percent of children under age five had diarrhea during the two weeks preceding the survey. In the case of almost 30 percent of the children with diarrhea, the mother reported that she did nothing to treat the illness. Slightly more than two-fifths of the children received some form of oral rehydration therapy (i.e., solution prepared from oral rehydration salt (ORS) packets, recommended home fluid (sugar-salt-water solution), or increased fluids). Advice from a health facility was sought in the case of 45 percent of the children with diarrhea.
- Only 29 percent of the mothers whose children had a recent diarrheal episode used a solution prepared from an ORS packet to treat the illness. However, virtually all mothers know about ORS packets and 70 percent say that they have used the packets at some time.

Virtually all mothers know about ORS packets, and 70 percent say that they have used the packets at some time.

Figure 15
Treatment of Diarrhea in the Two Weeks Preceding the Survey
(Children under Five Years)

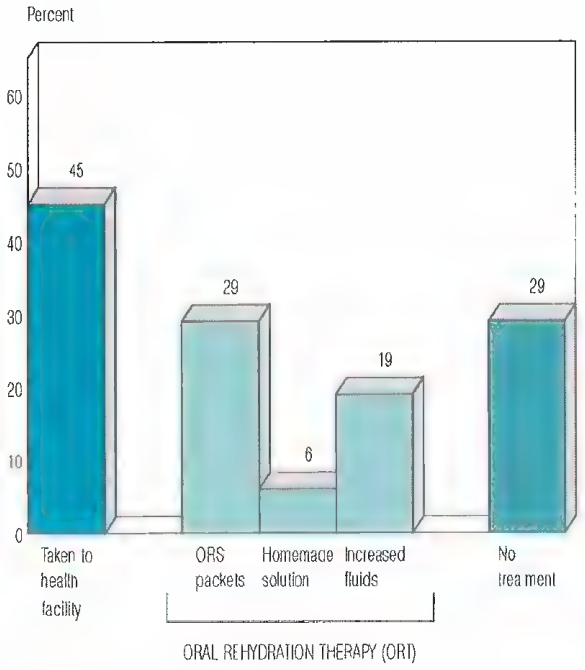

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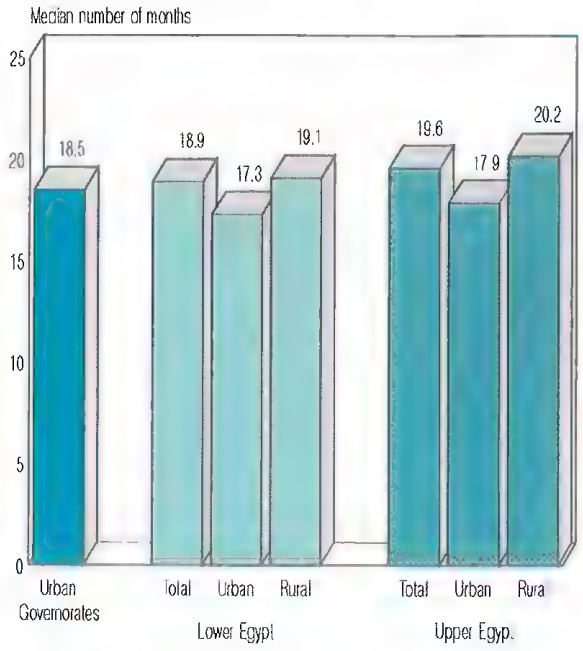
Figure 16
Median Duration of Breastfeeding by Place of Residence



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Infant Feeding

- Almost all Egyptian children (94 percent) are breastfed for a period of time. The median duration of breastfeeding is 19.1 months.
- Supplemental foods and liquids are introduced at a comparatively early age. The median duration for which children are exclusively breastfed, i.e., receive breast milk only, is 1.8 months. Solid or mushy food has been introduced for the majority of children by age 4-5 months, and at age 6-7 months, almost 70 percent receive supplemental foods or are fully weaned.

The median duration of breastfeeding is 19.1 months.

- Bottlefeeding increases the risk that a young child will develop diarrhea or other diseases because of the introduction of bacteria through the use of non-sterile nipples (or liquids). Nearly one-fifth of breastfed children less than eight months of age were given a bottle with a nipple on the day before the interview.

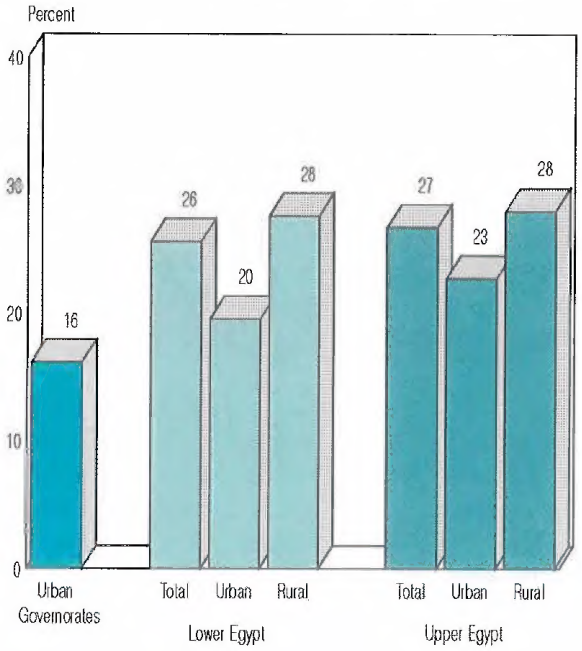
Nutritional Status of Children and Mothers

- Among children under age five, 24 percent are stunted or short for their age, when compared with an international reference population. Stunting reflects the long-term effects of poor diet and may also be an outcome of chronic illness.

- Stunting is somewhat more prevalent among rural children (28 percent) than urban children (19 percent). The lowest level of stunting is found in the Urban Governorates (16 percent).
- Three percent of children under five are wasted (i.e., thin in relation to their height). Wasting is the result of acute undernutrition in recent months and may be an outcome of sudden, severe illness. One in eleven children is underweight for his age.
- Women whose height is 150 centimeters or less and whose mean body mass index (BMI) falls below 18.5 are considered to be at greater nutritional risk than other mothers. Height and weight measures were obtained in the EDHS for mothers of children under age five who were not pregnant and had not given birth recently. These data show that less than 2 percent of mothers were shorter than 145 centimeters, and only 9 percent were in the 145-150 centimeter range. Only 2 percent had a BMI below 18.5.

Almost one in four children under age five is stunted or short for his age.

Figure 17
Chronic Undernutrition (Stunting) among Children under Five by Place of Residence



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Conclusions

Fertility and Family Planning

Fertility and family planning behavior in Egypt has changed dramatically since 1980. Fertility levels have fallen steadily, and use of family planning has doubled. Virtually all couples know about family planning, and around two-thirds have experience in using a method at some time. At the time of the EDHS survey, nearly one in every two couples was using family planning to achieve their childbearing goals.

The EDHS results also indicate that family planning methods are easily accessible to the vast majority of users. Few nonusers mention physical access or cost as barriers to the adoption of a method. Women currently using the pill or IUD express a willingness to pay more for their method.

Although there is widespread access to and acceptance of family planning in Egypt, there are a number of continuing challenges for the family planning program. Program efforts must be directed toward further reducing the differentials in family planning use between urban and rural areas and between Lower Egypt and Upper Egypt. Of particular concern is the comparatively low use rate in rural Upper Egypt. Only one in four couples living in rural areas in Upper Egypt uses any method of family planning.

Despite the steady reduction in fertility levels, many couples are having more children than they consider ideal. One in five women is in need of family planning in order to achieve her desire to limit or space births. If unwanted births were avoided, the fertility rate would fall to 2.7 births per woman.

High levels of discontinuation of use, particularly in the case of the pill, are another area of concern. Improved counseling and follow-up are important to help allay the fears of potential users and to improve levels of continuation among those who adopt family planning.

Egyptian men play a significant role in fertility and family planning decisionmaking. Information and education campaigns are needed to capitalize on the widespread approval of family planning among husbands and their desire to control the size of their family.

Finally, although increases in the use of family planning will have the greatest impact on reducing fertility in Egypt, increases in the age at first marriage will also help lower the birth rate. This is particularly true in rural Upper Egypt, where more than half of all women married for the first time before age 18.

Maternal and Child Health

Significant progress has been made in efforts to improve child survival. For example, deaths among children under age one were halved over the past two decades. Despite these gains, one in twelve Egyptian children dies before his/her fifth birthday. Moreover, there are substantial differences in mortality levels by residence, with rural Upper Egypt having significantly higher levels than other areas.

The results of the EDHS indicate that spacing births can reduce the level of childhood mortality. Reducing the number of high-parity births and births to women under age 20 can also lower the number of deaths among young children. It is important to encourage women, particularly those in high-risk categories, to seek antenatal care and medical assistance at delivery.

A primary mechanism for improving child survival is increasing the proportion of children vaccinated against the major preventable childhood diseases (tuberculosis, diphtheria, whooping cough, tetanus, polio and measles). Vaccination coverage for children is moderately high in Egypt; however, continued efforts are needed to reduce residential differentials in coverage rates and to increase the number of children who are fully immunized by their first birthday.

Diarrheal disease and acute respiratory infection (ARI) are among the leading causes of infant and child deaths in Egypt. The EDHS results indicate that when children are ill with diarrhea or the symptoms of acute respiratory infection, medical treatment is frequently sought and the majority of children receive some treatment for their illness. Efforts to improve child survival in Egypt must continue to encourage mothers to seek treatment for these illnesses, and, in the case of diarrheal disease, to use oral rehydration therapy (ORT).

Efforts to reduce child deaths must also address the need to improve the nutritional status of young children. Breastfeeding practices and the timing of the introduction of supplemental foods are important determinants of nutritional status in children. In Egypt, supplementation begins early for the majority of children, and a substantial number of breastfed children are also bottlefed, a practice which increases the risk of developing diarrhea or other diseases. Educational programs for mothers and training programs for providers must address these issues.

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Fact Sheet

1993 Population Data[1]

Total population (millions)	58,194
Urban population (percent)	48
Annual natural increase (percent)	2.4
Population doubling time (years)	29
Crude birth rate (per 1,000 population)	29.2
Crude death rate (per 1,000 population)	7.4
Life expectancy at birth male (years)	60.7
Life expectancy at birth female (years)	63.2

Egypt Demographic and Health Survey 1992

Sample Population

Ever-married women age 15-49	9,864

Background Characteristics of Women Interviewed

Percent urban	46.6
Percent with no education	48.4
Percent attended secondary or higher	19.5

Marriage and Other Fertility Determinants

Percent of women 15-49 currently married[2]	65.3
Percent of women 15-49 ever married[2]	70.4
Median age at first marriage among women age 25-49	19.2
Median duration of breastfeeding (in months)[3]	19.1
Median duration of postpartum amenorrhea (in months)[3]	5.6
Median duration of postpartum abstinence (in months)[3]	1.8

Fertility

Total fertility rate[4]	3.9
Mean number of children ever born to women age 45-49	6.0

Desire for Children

Percent of currently married women who:	
Want no more children	65.6
Want to delay their next birth at least 2 years	15.9
Mean ideal number of children among women 15-49[5]	2.9
Percent of women giving a non-numeric response to ideal family size	19.0
Percent of births in the last 5 years which were:	
Unwanted	25.9
Mistimed	9.0

Knowledge and Use of Family Planning

Percent of currently married women:	
Knowing any method	99.6
Knowing a modern method	99.5
Knowing a modern method and knowing a source for the method	92.9
Had ever used any method	66.9
Currently using any method	47.1
Percent of currently married women currently using:	
Pill	12.9
IUD	27.9
Injection	0.5
Vaginal methods	0.4
Condom	2.0
Female sterilization	1.1
Periodic abstinence	0.7
Withdrawal	0.7
Other traditional	1.0

Mortality and Health

Infant mortality rate[6]	61.5
Under-five mortality rate[6]	84.8
Percent of births[7] whose mothers:	
Received antenatal care	52.9
Received 2 or more tetanus toxoid injections	40.8
Percent of births[7] whose mothers were assisted at delivery by:	
Doctor	33.5
Midwife	7.2
Traditional birth attendant	52.9
Percent of children 0-1 month who are breastfeeding	98.2
Percent of children 4-5 months who are breastfeeding	95.8
Percent of children 10-11 months who are breastfeedng	85.9
Percent of children 12-23 months who received:[8]	
BCG	89.5
DPT (three doses)	76.4
Polio (three doses)	78.9
Measles	81.5
All vaccinations	67.4
Percent of children under 5 years[9] who:	
Had diarrhea in the 2 weeks preceding the survey	13.4
Had a cough accompanied by rapid breathing in the 2 weeks preceding the survey	8.2
Percent of children under 5 years who are classified as:	
Stunted[10]	24.4
Wasted[10]	3.3
Underweight[10]	9.2

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[1] Based on various sources
[2] Based on all women
[3] Current status estimate based on births during the 36 months preceding the survey
[4] Based on births to women 15-49 years during the period 0-2 years preceding the survey
[5] Based on ever-married women. Excludes women who gave a non-numeric response to ideal family size
[6] Rates are for the period 0-4 years preceding the survey
[7] Figure includes births in the period 1-59 months preceding the survey
[8] Based on information from vaccination records and mothers' reports
[9] Figures include children born in the period 1-59 months preceding the survey
[10] Indices are based on the NCHS/CDC/WHO reference population
Stunted: height-for-age z-score below -2SD
Wasted: weight-for-height z-score below -2SD
Underweight: weight-for-age z-score below -2SD